

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In Re: Kathleen Bonvouloir, LPN

Petition No. 2000-1205-011-048

CONSENT ORDER

WHEREAS, Kathleen Bonvouloir (hereinafter "respondent") of West Hartford, Connecticut, has been issued license number 022672 to practice as a licensed practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. On two occasions, in August and September of 2000, respondent diverted twelve (12) Percocet tablets from a client in a group home at which she was employed.
2. There is no evidence that indicates respondent diverted the Percocet for her personal consumption.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board").

Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. Respondent's license number 022672 to practice as a licensed practical nurse in the State of Connecticut is hereby placed on probation for three (3) years, subject to the following terms and conditions:
 - A. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
 - B. Respondent shall not accept employment as a nurse for a personnel provider service, Assisted Living Services Agency, Homemaker - Home Health Aide Agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
 - C. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first year after returning to work as a nurse.
 - D. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the entire period of her probationary period. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Board and the Department shall be notified in writing by any employer(s)

within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 3I below.

- E. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- F. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- G. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- H. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- I. All correspondence and reports shall be addressed to:

Bonnie Pinkerton
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

- 4. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.

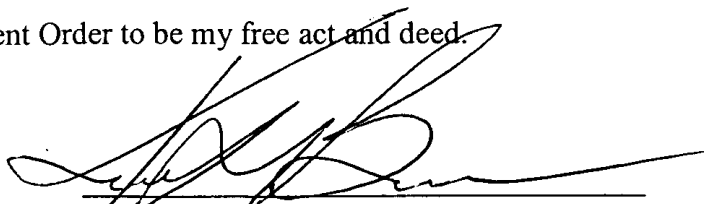
5. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
7. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
8. Respondent understands this Consent Order is a matter of public record.
9. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
10. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed practical nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered

by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
12. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
13. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
14. Respondent has had the opportunity to consult with an attorney prior to signing this document.


I, Kathleen Bonvouloir, have read the above Consent Order, and I agree to the terms set forth therein.

I further declare the execution of this Consent Order to be my free act and deed.

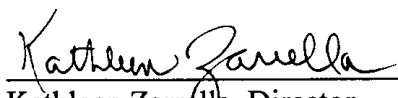

Kathleen Bonvouloir

Subscribed and sworn to before me this 24TH day of APRIL, 2001.

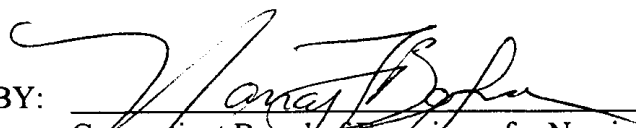
MICHAEL A. PATERNOSTER
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 2005


Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 30th day of April, 2001, it is hereby accepted.


Kathleen Zarrella, Director
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 10th day of June, 2001, it is hereby ordered and accepted.

BY: 
Connecticut Board of Examiners for Nursing

RAS/Bonvouloir/legal/CO/3/08/01

CERTIFICATION

This is to certify that on this first day of May 2001, the original of the foregoing was hand delivered to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, Hartford, Connecticut, and a copy was sent to Kathleen Bonvouloir via first class mail postage prepaid, at 493 Prospect Avenue, West Hartford, CT 06105.



Roberta A. Swafford, Staff Attorney




STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

August 27, 2004

Kathleen D. Bonvouloir, LPN
34 Mildred Road
West Hartford, CT 06107

Re: Consent Order
Petition No. 2000-1205-011-048
License No. 022672


Dear Ms. Bonvouloir:


Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2003.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,



Olive Tronchin
Division of Health Systems Regulation

cc: J. Fillippone
Janice Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer